

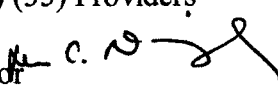


CABINET FOR HEALTH SERVICES
COMMONWEALTH OF KENTUCKY
FRANKFORT, 40621-0001

DEPARTMENT FOR MEDICAID SERVICES
"An Equal Opportunity Employer M/F/D"

MEMORANDUM

TO: Primary Care Center (PCC)/Federally Qualified Health Center (FQHC) (31) Providers
and Rural Health Clinic (RHC) (35) Providers

FROM: Duane C. Dringenburg, Director 
Physicians and Specialty Services
Department for Medicaid Services

DATE: February 21, 2003

SUBJECT: Follow-up Mailing of Provider Letter (# A – 339)

Enclosed please find copies of one (1) provider letter (# A – 339), a copy of your "Providers in Group Practice" screen from the Department for Medicaid Services (DMS) GUI system (printed Mid-February 2003), and a copy from your "Scope of Services Survey Summary – Services Provided in CY 2000" (if applicable).

A – 339 "Health care providers" enrolled as a Medicaid provider in the Primary Care Center (PCC)/Federally Qualified Health Center (FQHC) (31) and Rural Health Clinic (RHC) (35).

DMS (GUI) Screen – This screen displays a list of providers that are currently linked to your 31/35 provider number. If this screen does not represent your current staff of approved "health care providers", please update the information by contacting Unisys Provider Enrollment at 1-877-838-5085.

"Scope of Services Survey Summary – Services Provided in CY 2000" – The Scope of Services Survey included a section that requested the following information: Provider Personnel, Title/Discipline, Professional License #, and the professional's Medicaid number. Your response is enclosed (if you responded) for your verification. If the DMS (GUI) screen and your current staff do not coincide, please contact Unisys Provider Enrollment (at above listed number), to update current "health care provider" information.



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February 15, 2002

The attached provider letter was originally mailed on October 23, 2002. A second mailing was completed the end of December 2002. This is a follow up mailing of the letter to ensure that participating 31 and 35 provider types receive the information contained in the attached provider letter.

If you have questions or need further clarification regarding the enclosed information please call Linda Coomer or Susanne Rogers with the Department for Medicaid Services at 502-564-3477.

CC: Linda Coomer
Susanne Rogers

Enclosures: Provider Letter (# A – 339)
GUI Screen
Scope of Services Survey Page (if applicable)



The Secretary for Health Services
COMMONWEALTH OF KENTUCKY
275 EAST MAIN STREET
FRANKFORT 40621-0001
(502) 564-7042

PAUL E. PATTON
GOVERNOR

MARCIA R. MORGAN
SECRETARY

October 23, 2002

"Health care providers" enrolled as a
Medicaid provider in the Primary Care
Center (PCC)/Federally Qualified
Health Center (FQHC) (31) and Rural
Health Clinic (RHC) (35) #A - 339

Dear Provider:

Effective April 1, 2003 "health care providers" performing professional medically necessary health services to Medicaid recipients and submitting claims under a 31 and 35 provider number, shall be enrolled as a credentialed Medicaid provider, shall have a Medicaid provider number, and shall link their Medicaid provider number to their facility of employment (31 or 35 provider).

All "health care providers" who perform a professional medically necessary health service to a Medicaid recipient for a 31 and 35 provider type shall be required to indicate their Medicaid provider number on the HCFA 1500 claim form in box 33 designated by GRP#. If the Medicaid health care provider number does not appear in the designated area and is not linked to the facility provider number (31 and 35), the claim will deny.

For Primary Care Centers (PCCs)/Federally Qualified Health Centers (FQHCs) (31) and Rural Health Clinics (RHCs) (35) provider types, in accordance with 907 KAR 1:055E, "Health care provider" means: a licensed physician, licensed osteopathic physician, licensed podiatrist, licensed optometrist, licensed and certified advanced registered nurse practitioner, physician assistant, or licensed dentist or oral surgeon. For

"...promoting and safeguarding the health and wellness of all Kentuckians."



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Health Care Provider Number
Page 2

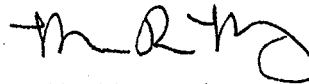
Federally Qualified Health Centers (FQHCs) only, a licensed clinical social worker and a licensed clinical psychologist have been added to the above list of health care providers.

To receive a Medicaid provider number, all health care providers shall complete a MAP 811 (Provider Application) which authorizes the Medicaid provider number and MAP 347 (Kentucky Medicaid Program Statement of Authorization for Payment) which links the Medicaid provider number to the facility of employment (31 and 35 provider). A health care provider currently enrolled as a Medicaid provider and that has been assigned a Medicaid provider number shall complete MAP 347, linking their Medicaid provider number to the facility of employment in accordance with 907 KAR 1:672.

To obtain MAP 811 or MAP 347, please contact **Medicaid Provider Enrollment** at this toll free number: **1-877-838-5085**. If a health care provider is uncertain of whether they have previously enrolled and been assigned a Medicaid provider number, please call the Unisys Provider Enrollment number listed, to inquire of current status.

Should you have questions or need further clarification, please contact Susanne Rogers, Manager, Physicians Branch, with the Division of Physicians and Specialty Services. She may be reached by telephone at (502) 564-3477 or by e-mail at Susanne.rogers@mail.state.ky.us.

Sincerely,



Marcia R. Morgan
Secretary